



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
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October 31, 2006

Karren Martin, Administrator  
Golden Age Heritage Home  
155 E 3rd North  
Preston, ID 83263

License #: RC-467

Dear Ms. Martin:

On September 7, 2006, a life safety code survey was conducted at Golden Age Heritage Home. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Mark Grimes, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

MARK GRIMES  
Team Leader  
Health Facility Surveyor  
Facility Fire, Life Safety, and Construction Program

MG/slc

c: Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



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September 15, 2006

Karren Martin, Administrator  
Golden Age Heritage Home  
155 E 3rd North  
Preston, ID 83263

Dear Ms. Martin:

On September 7, 2006, a life safety code survey was conducted at Golden Age Heritage Home. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 7, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Grimes', with a long horizontal line extending to the right.

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R467</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/07/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN AGE HERITAGE HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>155 E 3RD NORTH PRESTON, ID 83263</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies we cited during the standard fire/life safety survey conducted on September 7, 2006. The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety &amp; Construction</p>			R9999			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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**Boise, ID 83720-0036**  
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## ASSISTED LIVING

### Non-Core Issues

### Punch List

Facility Name Golden Age Heritage	Physical Address 155 E 3 <sup>RD</sup> N	Phone Number 852-2273
Administrator KARRIN MARTIN	City PRESTON	ZIP Code 83263
Survey Team Leader MARK GRIMES	Survey Type FLS	Survey Date 09/07/06

## NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative